

**UNITED STATES DISTRICT COURT  
WESTERN DISTRICT OF WASHINGTON  
AT SEATTLE**

STATE OF WASHINGTON, et al.,

Plaintiffs,

v.

DONALD J. TRUMP, in his official  
capacity as President of the United States of  
America, et al.,

Defendants.

NO.

DECLARATION OF TIM  
GOLDFARB

DECLARATION OF TIM GOLDFARB

ATTORNEY GENERAL OF WASHINGTON  
Complex Litigation Division  
800 Fifth Avenue, Suite 2000  
Seattle, WA 98104  
(206) 464-7744

1 I, Tim Goldfarb, declare as follows:

2 1. I am over the age of 18, competent to testify as to the matters herein, and attest to  
3 the information set forth below through personal knowledge as well as through Oregon Health  
4 and Science University ("OHSU") personnel who have assisted me in gathering this information  
5 from our institution.

6 2. As the Executive Vice President and Interim Chief Executive Officer of OHSU  
7 Health, I am a leader of an integrated clinical, research and learning health system with more  
8 than 20,000 faculty, staff, trainees, and students. I served as OHSU's health system Chief  
9 Executive Officer from 1987 to 2001 before taking on the role of Chief Executive Officer at UF  
10 Health Shands System in Florida. Upon retirement in 2016, I returned to Oregon and have held  
11 the position of Interim Chief Executive Officer of OHSU Health since January 15, 2025.

12 3. I earned my undergraduate and Master of Health Services Administration degrees  
13 from Arizona State University. I am currently the President of The Foundation for Medical  
14 Excellence and have been active in a number of other professional organizations throughout my  
15 career, including serving as chair of the Accreditation Council for Graduate Medical Education,  
16 the Board of the Florida Teaching Hospital Council and the Safety Net Hospitals of Florida, the  
17 board of Council of Teaching Hospitals of the Association of American Medical Colleges, the  
18 University HealthSystem Consortium, and both hospital associations in Oregon and Florida.

19 **Research and Education Grants at OHSU**

20 4. OHSU has a long tradition of leading-edge research that has yielded important  
21 innovations in the history of modern medicine, including the first successful mitral valve  
22 replacement to the invention of optical coherence tomography. OHSU houses a robust research  
23 program with more than 1,415 faculty investigators and 262 postdoctoral scholars. OHSU's  
24 faculty includes many members of the National Academy of Science, National Academy of  
25 Medicine, and National Academy of Inventors, the American Academy of Arts and Sciences, as  
26 well as recipients of Lasker-DeBaake Award for Clinical Medical Research.



1           5. As the state's only academic health center, OHSU generates breakthrough  
2 research that leads to new cures, new standards of care, and a better understanding of the basic  
3 science that drives biomedical discovery. OHSU researchers explore every aspect of health and  
4 disease, from retinal degeneration, imaging technology for nerve damage, and engineered  
5 immune cells for cancer treatment. Through its schools, centers and institutes, OHSU offers a  
6 comprehensive roster of research centers addressing every aspect of biomedical and clinical  
7 research.

8           6. In 2023, OHSU was awarded more than \$413 million in federal research grants  
9 and contracts. OHSU ranks as the top Oregon institution to receive National Institutes of Health  
10 (NIH) funding, with grants and contracts that same year totaling more than \$297 million.

11           7. OHSU also receives research and education grants from other federal agencies  
12 including the Department of Energy, Department of Veterans Affairs, Department of Commerce,  
13 and other agencies. In 2023, OHSU received approximately \$70.4 million in research grants and  
14 contracts from other (non-NIH) federal agencies.

15           8. Examples of a few of the many hundreds of federally funded research projects  
16 that came to fruition at OHSU during the past year include: A federally funded in-human imaging  
17 study at OHSU published in the Proceedings of the National Academy of Sciences demonstrated  
18 a nervous system waste drainage pathway known as the “glymphatic system” critical for brain  
19 health. OHSU researchers at the federally funded Vaccine and Gene Therapy Institute identified  
20 a pivotal gene capable of blocking immune responses to important vaccines for diseases  
21 including HIV, malaria, and certain types of cancer, which was published in the journal Science  
22 Immunology. OHSU researchers analyzed clinical and imaging data from a National Institute of  
23 Mental Health database to identify whole brain circuit risk factors for the occurrence of ADHD  
24 in children, as published in the Journal of Neuroscience. OHSU Emergency Medicine physicians  
25 supported by a federal Health Resources and Services Administration (HRSA) grant identified  
26 pediatric emergency care readiness factors that could improve outcomes in pediatric medical



1 emergencies and trauma nationwide, as published in JAMA Network Open. OHSU oncologists  
2 and cancer biologists supported by the National Cancer Institute identified combination therapies  
3 using check-point inhibitors, standard chemotherapy drugs, and anti-inflammatory compounds  
4 with promise for individualized treatment of some difficult to treat breast and lung lining cancers,  
5 as published in Cell Reports Medicine.

6 9. Federal funding is essential to OHSU's mission. With community partners to  
7 expand the region's health care workforce, OHSU launched a new nursing program in Bend and  
8 Central Oregon's first family medicine residency program. OHSU is expanding its graduate  
9 medical education training in behavioral and mental health, including in partnership with Central  
10 Oregon, to address the near crisis care needs Oregon faces in behavioral health. OHSU research  
11 on vaccines made international headlines, with progress on a universal flu vaccine and finding  
12 that switching arms for two-dose vaccines improves effectiveness.

13 10. OHSU is leading national research efforts to determine the role that respectful  
14 maternity care, known as RMC, plays in improving the poor and worsening health outcomes for  
15 those who are pregnant and postpartum in the United States. The study, funded by the by the  
16 Agency for Healthcare and Quality Research at the U.S. Department of Health and Human  
17 Services was published in the Annals of Internal Medicine. OHSU provides a statewide-serving  
18 Mission Control Center — monitoring and tracking bed and resource capacity and coordinate  
19 data sharing among health systems across the state. The OHSU Mission Control Center  
20 continues to manage OHSU Health system capacity, and also houses the Oregon Medical  
21 Coordination Center, or OMCC, which uses real-time data about available hospital beds and  
22 critical care services to efficiently place patients in facilities where they can be treated, and the  
23 Oregon Behavioral Health Coordination Center, or OBCC, which does the same for inpatient  
24 behavioral health care.  
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1 OHSU completed the region's first three in utero repair operations for fetuses with spina bifida,  
2 reducing the impact of this congenital malformation through earlier intervention. OHSU houses  
3 Oregon's only comprehensive fetal surgery program.

4 11. OHSU this year opened Oregon's first and only preventive medicine residency  
5 training program, serving a significant public health workforce development need for the state.

6 12. If the federal government were to stop providing all research and education grants  
7 to OHSU, the impacts would be devastating.

8 13. An immediate federal funding cut would impact approximately 4,221 grants that  
9 are currently underway, 1,209 of those grants are directly federally funded. This would disrupt  
10 critical research in areas such as rural health, fetal maternal medicine, cancer, cardiovascular  
11 health, Alzheimer's disease, neurology, behavioral health, and many other areas critical to  
12 human health.

13 14. The loss of grant funding would lead to the immediate closure of at least 500  
14 research programs and cause the loss of approximately 2000 research staff positions. In addition,  
15 ~250 graduate students and ~250 postdoctoral fellows would lose their position if these research  
16 programs were shuttered.

17 15. OHSU's Graduate Medical Education (GME) program trains a total of 995  
18 residents/fellows making it one of the largest training programs in the country. Federal funding  
19 supports 271 FTE through the CMS cap, 13.95 FTE through grants/military, and 180 FTE  
20 through the VA. It is likely that a majority of the 190 FTE through other healthcare systems are  
21 also supported through the CMS cap. There are approximately 335 FTE funded solely through  
22 OHSU healthcare as the remaining FTE, meaning that losing federal support of graduate medical  
23 education would cut the GME training and workforce at OHSU by a third. OHSU itself would  
24 not have the financial ability to support this lost work force and in fact, may be at risk of not  
25 being able to continue to fund some portion of the current 335 FTE with a complete loss of  
26 federal funding throughout its missions. Given the significant contribution that residents/fellows



1 provide to OHSU's clinical mission, this would have an immediate impact on the number of  
 2 Oregonians for whom OHSU can provide healthcare in a state that is already struggling with  
 3 meeting patient care needs throughout the in-patient and ambulatory environments of care. With  
 4 the national shortage of physicians and APPs nationwide, OHSU could not recruit alternate  
 5 providers to fill this gap. The direct impact on patient care now and into the future would be far-  
 6 reaching and result in substantial, immediate, and ongoing shortages in access to care negatively  
 7 impacting the health of tens of thousands of patients, causing hundreds to thousands of  
 8 preventable deaths, and severely increasing overwork, burnout, and exit from the workforce of  
 9 already stretched and challenged clinical teams in the state. This would further deplete the future  
 10 healthcare workforce in Oregon, given that 61% of residents trained in Oregon remain in the  
 11 state to practice, and indeed nationally given the size of our training program.

12 16. Faculty seek appointments at academic medical centers that can fulfill the  
 13 tripartite missions of education, research, and clinical care. They often are especially attracted  
 14 to academic medical centers with strong resident and fellow training programs given that this  
 15 allows them to participate in training the next generation of healthcare providers and clinician  
 16 scientists. Without a strong GME program, OHSU is likely to rapidly diminish in its ability to  
 17 recruit the best and brightest academic clinical workforce for Oregon.

18 17. Over the longer term, these impacts at the level of undergraduate medical, dental,  
 19 nursing and other graduate training across OHSU, due to the direct impact of withheld funding  
 20 and the lack of clinical placements caused by cuts in clinical programs and graduate medical  
 21 education, could cause this care access impact to extend over decades. Currently, at any given  
 22 time, OHSU educates 560 medical, 285 dental, 770 nursing, and 1,240 graduate students. Each  
 23 year, we graduate approximately 1300 to 1400 total degree and certificate students to maintain  
 24 Oregon and the regions biomedical workforce.

25 18. The loss of these programs would also devastate OHSU's ability to attract  
 26 clinician-scientists, clinician-educators, and other key faculty members and technical staff to the



1 state to fill crucial roles in our healthcare, workforce development, and discovery missions. It  
2 would essentially end OHSU's role as Oregon's academic medical center.

3 19. I am not aware of any statutory or regulatory provisions that would condition  
4 receipt of federal grant funding upon OHSU not providing patients gender-affirming care.

5 **Gender-Affirming Care at OHSU**

6 20. OHSU strives to provide patient-centered, holistic, and inclusive care to all  
7 patients, including safe, comprehensive, affirming health care for the transgender and gender-  
8 nonconforming communities, involving family members and other supports as appropriate.  
9 OHSU provides gender-affirming care to patients across multiple clinic settings, including at  
10 rural outreach clinics, with most encounters occurring in fewer than a dozen locations. OHSU  
11 recognizes that early access to social support and in some cases, medical treatment for gender  
12 affirmation, results in positive mental and physical health outcomes. OHSU recognizes that  
13 delaying or restricting care to adulthood can result in greater negative consequences for mental  
14 health (suicide attempts, suicide completions, placements in inpatient and residential treatment  
15 settings). OHSU also recognizes the impact of minority stress on physical health outcomes, and  
16 the avoidance of health-maintenance behaviors, for transgender and gender diverse  
17 communities.

18 21. In 2024, approximately 1,213 patients (<19yo) were seen, resulting in about  
19 2,303 visits. These visits encompass a range of services, including primary care, specialty care,  
20 behavioral health interventions, and surgery. The majority of these visits for patients under 19  
21 years of age occurred in primary care and specialty pediatric care settings; surgical services for  
22 anyone under 19 years of age are exceptionally rare.

23 22. OHSU follows the World Professional Association for Transgender Health's  
24 (WPATH) Standards of Care and the Endocrine Society's Clinical Practice Guidelines. These  
25 guidelines are based on systematic reviews of research and professional consensus. They set  
26



1 guidelines for safe, effective physical and mental health care for transgender and gender-  
2 nonconforming patients.

3 23. The WPATH and Endocrine Society clinical practice guidelines offer  
4 recommendations about information that should be provided to families regarding gender-  
5 affirming medical care, including information about existing research—what is known and  
6 unknown; the potential impacts of some gender-affirming medical interventions on fertility; and  
7 the rare but potential possibility of returning to living consistently with their birth-assigned  
8 gender.

9 24. Pediatric and adolescent gender care is delivered with the highest degree of  
10 caution and attention to patient well-being. At OHSU, all patients (in the company of their  
11 parents/guardians) undergo a behavioral health intake appointment that includes comprehensive  
12 psychosocial assessment of gender history, social supports, familial involvement, physical and  
13 mental health concerns, and goals for gender affirmation. This intake occurs before meeting the  
14 medical care team, which consists of a social worker, clinical psychologist, and pediatric  
15 endocrinologist or adolescent medicine physician. Gender affirming interventions primarily  
16 include education regarding non-medical interventions for expressing gender identity,  
17 assessment of and resources for social/familial support, menstrual suppression with medications  
18 (identical to those prescribed for cisgender adolescents), and when appropriate, after additional  
19 comprehensive mental health involvement, medications- gender affirming hormone therapy  
20 and/or when appropriate, puberty suppression medications. No medical treatment is indicated or  
21 provided prior to the onset of puberty and the medications utilized are the same medications  
22 prescribed to cisgender youth for other clinical indications. In rare cases, for older adolescents,  
23 referral to surgical services may also be provided following extensive assessment and  
24 psychoeducation, in accordance with a detailed protocol.

25 25. As with all medical treatments, doctors are expected to fully inform patients  
26 (and/or their medical decisionmaker, such as parents), based on the available evidence, of the



1 potential risks, benefits, and alternatives to treatment so that the families can weigh them and  
2 make an informed decision about whether to pursue treatment. The informed consent process is  
3 the hallmark of medical decision-making. Patients—and/or their medical decisionmaker, such  
4 as their parents—make the decision after being provided the information necessary to make an  
5 informed decision. The informed consent process for gender-affirming medical care for minors  
6 is no different than how medical decision-making for minors occurs in other areas of medicine.

7 26. Informed consent is a dynamic process; frequent assessment of the benefits of  
8 medications, and whether they continue to align with the individual's goals and outweigh risks,  
9 occurs in both medical and behavioral health follow-up visits. There is nothing unique about  
10 gender-affirming medical care that warrants departing from the normal principles of medical  
11 decision-making by patients (or if minors, their parents/guardians).

12 27. Research also shows the benefit of access to care during adolescence as opposed  
13 to waiting until adulthood. A study of 27,715 transgender and nonbinary adults revealed lower  
14 lifetime odds of suicidality for those who were able to access gender-affirming care during  
15 adolescence compared to those who could not access care until adulthood. Findings of the  
16 research on adolescents who receive gender-affirming hormone therapy are consistent with  
17 findings of the body of research on treatment of adults. Numerous studies have found that  
18 hormone therapy is effective at alleviating gender dysphoria and improving mental health in  
19 adults.

20 28. Social transition and mental health therapy can offer many benefits, but these  
21 alone do not prevent an adolescent from experiencing the trauma of seeing their body change in  
22 ways that do not align with their gender identity. Additionally, many of these body changes  
23 would require major surgical interventions in the future to treat, and some are not fully treatable  
24 by future medical intervention.

25 29. Clinical experience and research have shown that gender-affirming medical care  
26 improves mental health outcomes; the converse is also true—that being unable to access care



1 increases mental health distress. We see a marked difference in the social functioning, emotional  
 2 wellness, and psychological stability of our patients after they are able to access pubertal  
 3 suppression and hormone therapy when indicated. Older adolescent patients who have  
 4 experienced at least some secondary sex characteristics not aligned with their identity report  
 5 higher levels of depression and anxiety, lower participation in school, and less ability to engage  
 6 in social relationships.

7 30. The OHSU schools of Medicine, Dentistry and Nursing utilize clinical care  
 8 environments in the development of the clinical workforce across professions (MD, DDS, PA,  
 9 DNP and NP) and specialties at both the undergraduate and graduate training levels for all areas  
 10 of provided care, including gender-affirming care and related mental and behavioral health  
 11 needs. OHSU is one of only a few international locations to offer a medical student elective in  
 12 transgender health, which allows third- and fourth-year medical students to complete a 4 week  
 13 elective rotation in all Transgender Health Program-affiliated clinical areas. All 48 resident  
 14 trainees in the OHSU Family Medicine department participate in a longitudinal gender care  
 15 curriculum that includes direct patient contact and advanced didactics. OHSU is also one of only  
 16 a few international institutions that offer a surgical fellowship exclusively focused on gender  
 17 affirming surgeries. Additionally, Transgender Health Program staff and affiliated faculty  
 18 members provide curricula oversight and development and deliver scheduled lectures throughout  
 19 the year for undergraduate medical education students in behavioral health, hormone therapy,  
 20 and surgical care for gender diverse individuals.

21 31. Should gender-affirming care be disallowed at OHSU, all forward workforce  
 22 training in the various contributing professions and subspecialties related to this care would also  
 23 cease.

24 **Familiarity with the Executive Order**

25 32. I have read and been briefed about the Executive Order.  
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1           33. The Executive Order does not recognize that gender diverse individuals have  
2 existed for as long as human history has been recorded; simply stating gender is sex and that  
3 transgender people do not, or should not, exist does not make it so. Research shows that gender  
4 identity is internally consistent, for both cisgender and transgender individuals, by the age of 5.  
5 The ability to explore or express gender identity is variable, resulting in varied times of  
6 recognition of cisgender or transgender identity.

7           34. The Executive Order falsely states that the standards of care for gender affirming  
8 care are not based on scientific evidence. The studies on gender-affirming medical care for  
9 adolescents (and adults) use a variety of commonly used research methods including prospective  
10 observational and retrospective cross-sectional studies comparing individuals who receive  
11 treatment to those who do not, and longitudinal studies that follow individuals over a period of  
12 time. These research methods are widely used in the field of medicine to evaluate the efficacy  
13 of treatment.

14           35. The Executive Order falsely states that this care is experimental, suggesting this  
15 is an area of medicine where there is no clear understanding of the impact of an intervention.  
16 Medical providers have decades of experience providing care and a growing body of research  
17 supporting the efficacy and safety of this care, in addition to substantial evidence about the use  
18 of these medications in other areas of medicine.

19           36. The Executive Order overstates the number of adolescents accessing care. It also  
20 falsely implies that the order is protecting parental rights and children's wellbeing, when in  
21 actuality it is violating those rights by removing the ability for parents/guardians to make well-  
22 informed decisions for the wellbeing of their children and placing these youth at increased risk  
23 for suicide.

24           37. Abruptly losing access to care and discontinuing hormone therapy can result in  
25 emotional instability and dysregulation as well as adverse medical outcomes such as profound  
26 fatigue, hot flashes, and difficulty concentrating.



1           38. At OHSU, when adolescents present for gender-affirming care, they often present  
2 with high degrees of anxiety, depression, and suicidal ideation. Most patients also come in  
3 experiencing challenges with social isolation, school attendance, and lack of desire to engage in  
4 relationships with family and peers. Parents regularly share with the OHSU clinical team that  
5 gender-affirming medical care has resulted in great improvement in their children's  
6 psychological well-being, school performance, and relationships.

7           39. Research conducted by investigators in the United States and around the world  
8 has evaluated a variety of mental health outcomes for minors with gender dysphoria who have  
9 been treated with puberty blockers, hormone therapy, or both, and their findings are consistent  
10 with what is experienced at OHSU—that treatment is associated with improvement in mental  
11 health.

12           40. Research also demonstrates the negative impacts of not receiving treatment or  
13 having to delay treatment into adulthood. For example, a study of 20,619 transgender adults  
14 found that access to pubertal suppression during adolescence resulted in lower odds of lifetime  
15 suicidal ideation. Another survey of 11,914 transgender and nonbinary youth demonstrated that  
16 individuals who had access to gender-affirming hormones had lower odds of depression and  
17 suicidality.

18           41. The Executive Order overstates the rate of regret. Across several peer-reviewed  
19 studies, the rate of regret is consistently between 1-2%.

20           42. The Administration has announced that in coordination with the heads of Federal  
21 agencies, together with the Director of the Office of Management and Budget, should  
22 immediately take appropriate steps to ensure that institutions receiving Federal research or  
23 education grants end the provision of gender affirming care.

24           43. The Executive Order requires that such action take place with immediate effect,  
25 raising the possibility that OHSU's grant funding and important scientific research will  
26 immediately cease.



1           44. OHSU received a communication on January 31, 2025, from the Health  
 2 Resources & Services Administration (HRSA), that HRSA grant funds cannot be used for  
 3 activities that align with the Executive Order and that OHSU may not incur any costs that support  
 4 any programs, personnel or activities in conflict with the Executive Order. On February 5, 2025,  
 5 we received an email from HRSA stating simply: Dear Recipient: HRSA rescinds the notice  
 6 titled "Important Message for HRSA Award Recipients" that was sent to all HRSA grantees on  
 7 January 31, 2025." Without further information we are not certain on which statement to rely  
 8 and whether HRSA will rescind the February 5, 2025, communication.

9           **Harms to OHSU from the Executive Order**

10           45. OHSU could not carry out its principal healthcare, research and education  
 11 missions, which are unique-in-Oregon state responsibilities and mandates (as Oregon's only full-  
 12 service academic health center) without federal funding. Extensive areas of life improving and  
 13 lifesaving care, including many provided uniquely by OHSU in Oregon, would be deeply  
 14 compromised or discontinued, with devastating impact on the lives of individual Oregonians and  
 15 others from the region who depend on our center.

16           46. OHSU has a major role in supporting specialty and other complex care for the  
 17 patients of and/or as delivered at critical access hospitals across the state. This includes a  
 18 particular responsibility for supporting the care of underserved rural Oregon residents, tribal  
 19 health, and other special needs. All of this care would be substantially compromised in the face  
 20 of federal funding cuts or withholds.

21           47. The Executive Order places OHSU in an impossible position of putting hundreds  
 22 of millions of dollars of research funds at risk or agreeing to stop providing critical, life-saving  
 23 care to an underserved and marginalized population.  
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1        48. Sections 4 and 8 of the Executive Order create a chilling effect on providing this  
2 critical life-saving care as OHSU risks loss of funding to important scientific and educational  
3 programs and providers fear potential criminal prosecution.

4        I declare under penalty of perjury under the laws of the State of Oregon and the United  
5 States of America that the foregoing is true and correct.

6        DATED this 6th day of February 2025, at Portland, Oregon.

7  
8        Signed by:



9        TIM GOLDFARB, MHSA  
10        Executive Vice President and Interim Chief  
11        Executive Officer for OHSU Health  
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